

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30681**

FILED OCT 6 1948

Registration District No. **291**Primary Registration District No. **5997**Registrar's No. **64**

1. PLACE OF DEATH:

- (a) County **Putnam**
(b) City or town **"Rural" Wilson Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XXXXXX**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **XXXX** (Specify whether

In this community **Life Time**
years, months or days)

3. (a) PRINT FULL NAME **Flossie Queene Lemon**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **MAXX Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ura B. Lemon** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **January 20 1895**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **0** If less than one day
hr. min.

9. Birthplace **Putnam County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housework**

- MOTHER FATHER { 12. Name **L. N. Means**
13. Birthplace **Putnam County Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Missouri Johnson**
15. Birthplace **Putnam County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Ara B. Lerner**
(b) Address **Lemon, Missouri R. F. D.**

17. (a) **Burial** (b) Date thereof **9/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Lemons Cemetery**

18. (a) Signature of funeral director **Comstock Funeral Home**
(b) Address **Unionville, Mo. By John H. Gustaf**

19. (a) **9-30-48** (b) **Marshall Durbin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Putnam** **86**
(c) City or town **"Rural" Wilson Township** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Lemon** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **20**
year **1948** hour **10** minute **P. M.**

21. I hereby certify that I attended the deceased from **12-9-47**
year **19** month **9** day **20** 19 **48**
that I last saw him alive on **9-20** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Rhabdomyosarcoma

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **J. W. McDonald** (M. D. or other) **DO**
Address **Unionville, Mo.** Date signed **9-24-48**

JUL 16 1958

RECEIVED

District Health Officer No. 10

District File Number 10-48-1225

Date Filed 007-5-1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Richard Paul Cassidy
working under my personal supervision.

Registered Apprentice No. 76

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Chionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.